

Community Clinic Grant Program 2005

Grant Application Checklist

Tab 1: Grant Application Form

	<u>Page</u>	<u>Action Required</u>
<input type="checkbox"/> Section A – Summary Information	1	Fill-in form
<input type="checkbox"/> Section B – Applicant/Project Eligibility	2/3	Fill-in form
<input type="checkbox"/> Section C – Population Served, Items 1 –3	4	No action required
<input type="checkbox"/> Section C – Items 4 and 5	4	Insert information, if applicable
<input type="checkbox"/> Section D – Proposed Services	5	Insert narrative/information
<input type="checkbox"/> Section E – Financial Capacity – Applicant	6	Fill-in form
<input type="checkbox"/> Section F(1)(A) – Project Timeline	6	Insert information
<input type="checkbox"/> Section F(1)(B) – Project Readiness	6	Insert information
<input type="checkbox"/> Section F(1)(C) – Feasibility	7	Insert information
<input type="checkbox"/> Section G – Sources and Uses	8	Fill-in form
<input type="checkbox"/> Section H – Reporting Requirement (by clinic)	9	Fill-in form

Tab 2: Agency Finances

<input type="checkbox"/> 2004 audit or form 990	N/A	Insert 2004 audit or form 990
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Tab 3: Organization Information

<input type="checkbox"/> DHS license(s)	N/A	Insert DHS license(s)
<input type="checkbox"/> IRS and Franchise Tax Board letters	N/A	Insert copies of letters

Tab 4: Legal Information

<input type="checkbox"/> Attachment A – Legal Status Questionnaire	10/11	Fill-in form
<input type="checkbox"/> Attachment B – Legal Disclosure	12	Complete, if applicable
<input type="checkbox"/> Attachment D – Statistical Utilization Report	14	Indian Clinics must complete

Tab 5: Certifications

<input type="checkbox"/> Attachment C	13	Complete and sign
<input type="checkbox"/> Grant Application Checklist	N/A	Complete